

Overview – FY 2016 Defense Budget

Table 1 – Outpatient Cost Sharing for Single TRICARE Health Plan

Services	TRICARE Network and Military Treatment Facility				Out-of-Network	
	Active Duty Family Members E4 & below/ E5 – O3 (inc WOs)/O4 and above		Retirees and Family		Active Duty Family Members	Retirees and Family
	PCM MANAGED ^c	SELF-MANAGED				
Clinical preventive services ^a	\$0	\$0	\$0		\$0	\$0
Primary care visit	\$0/0/0 MTF \$0/0/0 network referral	\$0/0/0 MTF \$10/15/20 network	\$10 \$20	MTF network	20% ^b	25% ^b
Specialty care visit (including PT, OT, speech)	\$0/0/0 MTF or network BH group visit \$0/0/0 network referral	\$0/0/0 MTF \$20/25/30 network	\$20 \$30	MTF or network BH group visit network	20% ^b	25% ^b
Urgent care center	\$0/0/0 MTF visit \$0/0/0 network referral	\$0/0/0 MTF \$25/40/50 network	\$30 \$50	MTF network	20% ^b	25% ^b
Emergency department – emergency care	\$0/0/0 MTF visit \$0/0/0 network	\$0/0/0 MTF \$30/50/70 network	\$50 \$75	MTF network	20% ^b	25% ^b
Emergency department – non emergency care	\$30/50/70 MTF for misuse \$30/50/70 network fee for misuse	\$30/50/70 MTF fee for misuse \$30/50/70 network	\$50 \$75	MTF network	20% ^b	25% ^b
Ambulance regardless of destination (MTF or network)	\$0/0/0 trip	\$10/15/20 trip	\$20	trip	20% ^b	25% ^b
DME, prosthetics, orthotics, & supplies	\$0/0/0 MTF \$0/0/0 network referral	10% of negotiated network fee	20% of MTF cost or network negotiated fee		20% ^b	25% ^b
Ambulatory surgery	\$0/0/0 MTF \$0/0/0 network referral	\$0/0/0 MTF \$25/50/75 network	\$50 \$100	MTF network	20% ^b	25% ^b

a. No cost for clinical preventive services as selected by the Affordable Care Act

b. Percentage of TRICARE maximum allowable charge after deductible is met

c. If a PCM managed beneficiary obtains care without a referral, Point of Service charges will apply: 50% of the allowed charge after the \$300 individual/\$600 family deductible is met.

Note: MTF – military treatment facility; PT – physical therapy; OT – occupational therapy; DME – durable medical equipment. The single fee for network admissions shown in Table 2 is a dramatic simplification.

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Table 2 – Inpatient Cost Sharing for Single TRICARE Health Plan

Services	TRICARE Network and Military Treatment Facility			Out-of-Network	
	Active Duty Family Members E4 & below/ E5 – O3 (inc WOs)/O4 and above		Retirees and Family	Active Duty Family Members E4 & below/ E5 – O3 (inc WOs)/O4 and above	Retirees and Family
	PCM MANAGED	Self-Managed			
Hospitalization	\$0 MTF \$0 network referred	\$0 MTF per day \$50/80/110/day network	\$17.35 MTF per day \$200 network per admission	20% ^a	25% ^a
Inpatient skilled nursing / rehabilitation ^b	\$0 network referred	\$17/25/35 network per day	\$25 day	\$25/35/45 day	\$250 per day or 20% ^a of billed charges for institutional services, whichever is less, plus 20% for separately billed services

a. Percentage of TRICARE maximum allowable charge after deductible is met

b. Inpatient skilled nursing / rehabilitation is generally not offered in MTFs for anyone other than service members.

Table 3 – Deductible and Catastrophic Cap for Single TRICARE Health Plan

General Deductible (Self-Managed network care)	
E1–E4 active duty family	\$150 individual/\$300 family
All Others	\$300 individual/\$600 family
Catastrophic Cap (per fiscal year)	
Active duty family (PCM & Self-Managed)	\$1,500 network/\$2,500 combined
Retiree family	\$3,000 network/\$5,000 combined

Table 4 – Pharmacy Co-Pays effective January 1, 2016

Retail Rx (1 month fill)	FY 14	FY 15 ^a	FY 16	FY 17	FY 18	FY 19	FY 20	FY 21	FY 22	FY 23	FY 24	FY 25
Generic	\$5	\$8	\$8	\$8	\$8	\$9	\$10	\$11	\$12	\$13	\$14	\$14
Brand	\$17	\$20	\$28	\$30	\$32	\$34	\$36	\$38	\$40	\$43	\$45	\$46
Non-Formulary	\$44	Available only on a limited basis										
Mail-Order Rx (3 month fill)												
Generic	\$0	\$0	\$0	\$0	\$0	\$9	\$10	\$11	\$12	\$13	\$14	\$14
Brand	\$13	\$16	\$28	\$30	\$32	\$34	\$36	\$38	\$40	\$43	\$45	\$46
Non-Formulary	\$43	\$46	\$54	\$58	\$62	\$66	\$70	\$75	\$80	\$85	\$90	\$92
Military Treatment Facilities	No change -- still \$0 co-pay											

^a. Increase of \$3 per prescription authorized by FY 2015 National Defense Authorization Act

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Table 5 – TRICARE for Life Enrollment Fees

TRICARE-for-Life Annual Family (Two Individuals) Enrollment Fees*

Retired Pay	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
Percentage of Gross Retired Pay	N/A	0.50%	1.00%	1.50%	2.00%	2.00%
Ceiling	\$0	\$150	\$300	\$450	\$600	\$614
Flag Officer Ceiling	\$0	\$200	\$400	\$600	\$800	\$818

* Individual fees are 50 percent of family fees (e.g., 1 percent of GRP in FY 2019 and after). Ceilings indexed to retiree COLA after FY 2019